

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107563443

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
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23			1			
24				1		
25				1		
26				1		
27				1		
28				1		
29				1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS		11	11	11		11

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS						